

HOLDER REPORT FORM

INSTRUCTIONS

Holder Information:

Enter the holder's name & current mailing address. Please type or legibly print.

If there has been a change in the name of the holder or in the address print that information here.

Enter the holder's federal identification number. Enter the name and telephone number of the person we should call about the report.

Enter the holder's state and date of incorporation as well as the date of the holder's fiscal year end.

Property information:

- Line 1: If reporting interest bearing accounts assignable to the Commonwealth of Kentucky, Department of Treasury, enter the total of these accounts here. Please note that these accounts are not required by law to be remitted, but shall remain at the reporting institution for a period of ten years or until claimed by the rightful owner. See page 7
- **Line 2:** Enter the number of stock shares for all accounts being remitted.
- **Line 3:** Enter the number of safe deposit boxes being remitted.
- **Line 4:** Enter the total of all accounts being remitted. Submit that amount with the report.

Sign and date the report before remitting. Make check payable to KENTUCKY STATE TREASURER. Remittance must accompany report. Disk or CD must accompany report.

All owner information including *addresses*, *Social Security numbers*, *account numbers*, *birth dates* and other significant information must be included on the back of this report. Any accounts with more than one owner listed must include the type of relationship (example: and , or, custodian, trustee, etc.) on this form.

For bail bonds include owner and defendant information. Use the owner relationship code to show the defendant as DF and the other owner as PR for primary owner.

2010 UNCLAIMED PROPERTY HOLDER REPORT FORM

CURRENT HOLDER NAMI	E & ADDRESS:		
		FEIN#:	
		CONTACT	
		TEL.#	
		E-MAIL	
State of Incorporation	Date of Inc	DO YOU NEED M	ORE TIME? (SEE PAGE 18)
INFORMATION ABOUT P			
		g accounts in 2010 nstitutions only, see page 7)	\$
2. Total number of unclaime	ed stock shares being re	ported	
Submit list of contents or	n DISKETTE.	eported	
	must be reported on diske		
Read page 17 before signii VERIFICATION	ng affidavit		
have examined this report a	as to property presumed to execute this verification		caused to be prepared, and and other applicable state To the best of my knowledge
Signature	Ti	itle	Date
OFFICIAL USE ONLY Invoice Attached (y n)	CK attached (y n) SDB reported (y n)	AmtStocks (y n) Date//	_ CD/Disk attached (y n) Cust
Receipt #	Report ID# _	Sta	affDate//_
CR#			

[®] OWNERS OF UNCLAIMED PROPERTY

COMMONWEALTH OF KENTUCKY

	<u></u>				
	Property Code (See Page 22)				
	Date of Last Activity				
	Account Number Certificate Number Policy Number Check Number				leteT exed
INCCINIO INCINIONI	Amount Placed in Interest Bearing Accounts in 2010 ONLY				
	Amount Remitted				
	Social Security or Federal Tax ID Number and/or Date of Birth				information is acceptable.
	Name of owner, beneficiary, surety, etc. (if applicable) [Last, First, Middle Initial] Last Known Address [Number & Street City, State & Zip]				A computer printout with the required information is acceptable.
	Nai Sur [<i>La</i> [<i>Nu</i> [<i>Nu</i>	This form may t	pe duplicated.		Αcon